

## Section C

**Invoice Information:**

**Attention:**

**Company Name:**

Address:

**Page Quote**


**Pace Project Manager:** [heather.zika@pacelabs.com](mailto:heather.zika@pacelabs.com)

CLIENT: USS CORP

MO#: 1258645

1 of 1

PRINT Name of SAMPLER: <i>Paul Westlake</i>		TEMP in C
SIGNATURE of SAMPLER: <i>Paul Westlake</i>		
DATE Signed: <i>12-16-15</i>		Received on Ice (Y/N)
		Custody Sealed Cooler (Y/N)
		Samples Intact (Y/N)

	Document Name: <b>Sample Condition Upon Receipt Form</b>	Document Revised: 23Feb2015
	Document No.: <b>F-VM-C-001-Rev.09</b>	Page 1 of 1
	Issuing Authority: Pace Virginia, Minnesota Quality Office	

**Sample Condition Upon Receipt**

Client Name:

Project #:

**WO#: 1258645**



1258645

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client  
☐ Commercial ☐ Pace ☐ Other:

Tracking Number:

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No      Seals Intact? ☐ Yes ☒ No      Optional: Proj. Due Date:      Proj. Name:

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other:      Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808      Type of Ice: ☒ Wet ☐ Blue ☐ None ☒ Samples on ice, cooling process has begun

Cooler Temp Read °C: 4.1      Cooler Temp Corrected °C: 4.4      Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA  
Temp should be above freezing to 6°C      Correction Factor: 0.3      Date and Initials of Person Examining Contents: 12-16-15 CL

			Comments:
Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.	
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.	
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.	
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.	
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.	
Short Hold Time Analysis (<72 hr)?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.	
Rush Turn Around Time Requested?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	7.	
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.	
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.	
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.	
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.	Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.	
-Includes Date/Time/ID/Analysis Matrix: <u>WT</u>			
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.	
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.	
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.	
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Pace Trip Blank Lot # (if purchased):			

**CLIENT NOTIFICATION/RESOLUTION**

Field Data Required? ☐ Yes ☐ No

Person Contacted:      Date/Time:

Comments/Resolution:

FECAL WAIVER ON FILE    Y    N

TEMPERATURE WAIVER ON FILE    Y    N

Project Manager Review:

Date: 12/16/15

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)